

Date: [Date]

To: [Referring Physician Name]

Address: [Clinic Address]

Fax/Phone: [Contact Details]

RE: [Patient Name]

DOB: [Patient Date of Birth]

MRN: [Medical Record Number]

Dear Dr. [Last Name],

Thank you for referring this patient for a nephrology consultation regarding Chronic Kidney Disease (CKD) management and pre-dialysis planning.

Diagnosis:

Chronic Kidney Disease, Stage [e.g., 4 or 5]

Secondary to: [e.g., Diabetes, Hypertension, GN]

Current eGFR: [Value] mL/min/1.73m² (Dated: [Date])

Albuminuria/Proteinuria: [Value]

Clinical Assessment:

The patient is currently [asymptomatic / experiencing symptoms of uremia such as fatigue, nausea, or edema]. Blood pressure is [controlled/uncontrolled] at [Reading]. Current electrolytes show [mention potassium, bicarbonate, calcium, and phosphate levels].

Management Plan:

- **Medication Adjustment:** [List changes to ACEi/ARB, SGLT2i, or diuretics].
- **Metabolic Management:** [Plan for anemia/ESA, Vitamin D, or phosphate binders].
- **Risk Modification:** Cardiovascular risk reduction and strict BP target of [Target].
- **Education:** Patient has been counselled on CKD progression and renal replacement therapy (RRT) options.

Pre-Dialysis & Access Planning:

- **Modality Preference:** [Hemodialysis / Peritoneal Dialysis / Transplant / Conservative Care].
- **Access Plan:** [e.g., Referral to Vascular Surgery for AVF creation / Referral for PD catheter placement].
- **Transplant Status:** [e.g., Referred for work-up / Not a candidate].

Follow-up:

The patient will be seen again in our clinic in [Number] months. Please notify us if there is an acute decline in renal function or significant change in clinical status.

Sincerely,

[Your Name, MD/DO]
Department of Nephrology
[Facility Name]